

CHILD WELFARE LEAGUE OF AMERICA, INC.
—AFFILIATED—
NATIONAL FEDERATION OF DAY NURSERIES, INC.

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BULLETIN

DECEMBER, 1936

"... there are peculiar and touching human needs which can be ministered to only by private hands."

—Editorial, THE NEW YORK TIMES, December 14, 1936

Protection of Child Health in Pennsylvania

MRS. BERTHOLD STRAUSS

Vice-Chairman, Pennsylvania State Emergency Child Health Committee

(Upon request of the National Federation of Day Nurseries, Mrs. Strauss has incorporated current figures and information in the following paper which she presented at the National Conference of Social Work, Atlantic City, May 28, 1936, at a joint meeting of the Federation and the League on "The Needs of Infants and Pre-School Children of Dependent Families.")

PENNSYLVANIA'S physicians, faced in 1932 with realization that the underfeeding of children during the depression was already beginning to show evidence of serious increase in malnutrition, formulated a plan for coordinating all services to protect, at least, the children in families on relief, or in those families near the point of economic breakdown. The Medical Society of the State of Pennsylvania, together with the Governor, created a committee of coordinated agencies, to be known as the Pennsylvania State Emergency Child Health Committee. Dr. Samuel McC. Hamill, of Philadelphia, was elected its chairman, and for more than three years now has devoted his entire time to this work.

One outstanding fact about this committee is that the work of health protection was planned and is guided by the physicians of the State. Second, it is a combination of all public and private health and welfare agencies in the State and in the county units through which it works—State and county departments of health, school departments, state and county medical societies, dental societies, parent-teacher associations, tuberculosis organizations, the American Red Cross, nursing groups, nutrition teachers, and home economists, public relief and private welfare agencies, women's clubs, service clubs. Everyone who touches the field of child health and welfare in Pennsylvania has pooled his resources within his county, to protect the health of the

children whose future has been menaced by lack of proper food and lack of medical supervision during the strain of these years of economic depression. Third, practically all of this work is performed by volunteers.

BRIEFLY, I shall attempt to outline for you the proposed plan, the methods followed, and some of the results.

1. The first essential was to bring under medical observation the children of families on relief, and procure a health evaluation of the child, which is possible only by a careful health examination.

2. Where malnutrition and physical defects are recorded, they must be corrected. Where children are inadequately fed, and are living in want and depression, their resistance to infection is lowered. Therefore they must be protected by immunization against smallpox and diphtheria. The earlier in their lives this can be done, the better.

That's the whole program really, but it is unique, in that it is not sporadic. It attempts to cover every home where there is need, in every square mile of the 59 counties of Pennsylvania in which it is set up. It has been active for more than three years, and is gradually being extended to the few remaining counties in which it has not yet operated.

By what method has the work been accomplished? Primarily by the cooperation of all professional and lay groups, working together as volunteers, from the chairman and the president of the medical society of the State, on through the dentists, social workers, nutritionists, lay volunteers, to the farm mothers who offer their kitchens for nutrition demonstrations

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New Ruling for Membership Applications

THE amount of staff service given to an organization making application for membership came up for discussion at a meeting of the board of directors of the League on November 30–December 1. It was pointed out that usually two full days, and sometimes more, are given for the careful analysis of the status of the organization asking to come into membership. The report of this study is then sent to the committee on admission to membership, which makes up a recommendation for acceptance into the membership or for deferring membership until a later time. In any case, whether rejected or deferred, a letter goes to the applicant with a more or less detailed statement of the next steps that the agency should take in the development of its service to the community.

It was the consensus of the members of the board that this service should be paid for by the applicant in view of the substantial length of time spent in making the study and writing the report, and the benefit derived from it by the organization. It was voted that a study fee be asked and that the amount of the fee be left to a committee appointed to give this matter further consideration, with power to act. Later the committee appointed voted that the charge for this service be at the rate of \$25.00 per day, for time spent in the agency, and such travel expenses as could legitimately be charged to the agency.

It was also voted to recommend that the committee on admissions to membership be given authority to pass on the applications for membership, instead of requiring, as now, the vote of the board of directors, and that an amendment to the constitution to that effect be presented at the next meeting of the League—in Indianapolis, on May 27, 1937.

Indianapolis Conference Headquarters

THE hotel headquarters of the Child Welfare League of America and the National Federation of Day Nurseries in Indianapolis during the National Conference of Social Work, May 23 to 29, 1937, will be the Claypool Hotel. The principal meetings of the League will be held at the Columbia Club; those of the Federation, at the Claypool. Because of limited space, requests for hotel reservations should be sent without delay to Henry T. Davis, chairman,

committee on hotels and housing, Indianapolis Convention & Publicity Bureau, Indianapolis, Indiana.

The chairman arranging the League's conference program is Edwin D. Solenberger, president of the League, and general secretary, Children's Aid Society of Pennsylvania, 311 S. Juniper Street, Philadelphia.

League's Regional Conferences

FOUR regional conferences of the Child Welfare League of America during the early part of 1937 are scheduled as follows:

1. SOUTHERN: New Orleans. Suggested time: during first week or ten days of March. Chairman: Miss Susan K. Gillean, executive secretary, Children's Bureau, La. S.P.C.C., 611 Gravier Street, New Orleans, Louisiana.
2. MID-WEST: Chicago. Suggested time: during latter half of March. Chairman: to be announced.
3. EASTERN: New York. Suggested time: preceding or following biennial conference of National Federation of Day Nurseries, scheduled for April 7 to 9 or 10. Chairman: to be announced.
4. NEW ENGLAND: Boston. Dates: April 14–15. Chairman, Miss Elizabeth E. Bissell, general secretary, Children's Mission to Children, 20 Ashburton Place, Boston, Massachusetts.

Miss Grace McGowan, executive secretary, Catholic Community League, 609 Cleveland Ave., N. W., Canton, Ohio, newly appointed chairman of the League's conference committee, is in charge of arrangements for the location, dates and chairman of each regional conference; the local chairman of the regional conference is responsible for planning the conference.

Why Private Charity?

"As I see it, private social welfare agencies are today as vitally important parts of the social mechanism of this great community as they ever were. In the first place, they serve the families and individuals that need help—and there are many, many problems to be solved other than the mere relief problem—in a more sympathetic, understanding and flexible way than any rigid and regulation-bound governmental agency ever could.

"Secondly, today, as in the past, these organizations are the only ones capable of doing the pioneering in the great field that has come to be known as social welfare. They are the ones that develop new means and methods to meet new needs. They are the ones that find more enlightened ways to solve old problems.

"And third, the private agencies set a standard for that part of the work that has now been taken over by government."

—OGDEN L. MILLS

Helping Students to Understand Institutions

LOU-EVA LONGAN

Superintendent, St. Christopher's School, Dobbs Ferry, N. Y.

(St. Christopher's School has about 125 dependent and neglected children in care—100 in the cottage institution and 25 in foster family homes.)

WITH the two-fold objective of adding variety and freshness to the children's summer program and giving students more concrete knowledge of the place and contribution of the institution in the field of child welfare, St. Christopher's School embarked in 1935 upon a summer training program for students. It was believed that the school was in a particularly advantageous position to contribute to the latter objective because of its personnel resources, which included a professionally trained social worker as superintendent, a staff of four full-time trained case workers, an attending psychiatrist, a pediatrician, and the services of a clinical psychologist.

The program was made available to college students the first year. This past summer we got in touch with professional schools of social work for students majoring in child welfare. Ten students were in residence for seven weeks. They paid their own traveling expenses to the school at Dobbs Ferry, and were given no honorarium other than maintenance during their residence. Students were on duty five days a week, and two different ones assumed additional week-end responsibility.

EACH day the morning was spent in attendance at lecture or case discussion courses given by various staff members on subjects laying a foundation for better understanding of the child and his institution setting. These courses dealt with the development and present status of institutions; practical application of mental hygiene principles in a group work relation; and the techniques of case work with children living in a group. In addition to these courses, there were field visits to other institutions as well as lectures on related subjects by authorities not on the permanent school staff.

A novel aspect of the summer's work was one period a week under the direction of the school's recreation worker, at which time the students were taught games for the accomplishment of different purposes and for different age groups. An additional weekly period was arranged during which students worked in the craft shop, learning techniques of still another sort that they could use with children.

As a rule, afternoons or evenings were devoted to group recreation, the children having spent the morning in activities supervised by the regular staff while the students were busy in classes. Each student was responsible for the recreation of the particular group of children assigned to her and, in addition, dependent on her training and ability, carried two or three selected children on an individual, intensive case work basis.

AN evaluation of this summer's program must be made from three points of view—that of the students, the school, and the children. So far as the students were concerned, they were of one accord in saying they felt they had received much more than they had given. The school felt it had provided a valuable training program for student social workers, but that its training contribution perhaps outweighed the value to the children. As was to be expected, the student's contribution to the program and the values accruing to her from it varied with

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Watchman, Tell Us. . . .

HAVE boarding rates been increased? What are trends in care of infants? Which institutions are developing service for adolescents? Who should be responsible for case work with the unmarried mother coming from rural areas to the city for care? How often should an agency have an audit, by whom, and how much should it cost? How is foster parent education being carried on? Intake . . . homefinding . . . adoption . . . housekeeper service . . . public subsidies . . . ?

In recognition of the growing desire on the part of member agencies and others for current pooled information on subjects of vital interest, the board of directors of the League has voted to stress the League's rôle of WATCHMAN during 1937 so that "signs of promise" can be revealed. Miss Sybil Foster, field secretary, is to devote much of her time to collecting the experience of various organizations—and in coordinating it for the benefit of perplexed executives and board members.

BULLETIN

Published monthly (omitted in July and August) as the official organ of the Child Welfare League of America and the National Federation of Day Nurseries.

C. C. CARSTENS, Editor
FLORENCE M. PHARO, Assistant Editor

The Bulletin is in large measure a Forum for discussion in print of child welfare problems. Endorsement does not necessarily go with the printing of opinions expressed over a signature.

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The Individual Child

DURING the depression, relief has been generous in the mass, but the children in the individual families have in most instances lacked those comforts that provide vigor for the body and a feeling of security, happiness, and joy. The millions of those children must have the inadequacies of the last years made up for them, insofar as possible, during the next ten years—by parents and the various educational, religious and social instrumentalities of the community.

Approximately 300,000 children are in care apart from their families, and approximately an equal number of dependent children are cared for at home through mothers' aid. But there are at least one-half million others who should have such care, and who are now living in degradation, squalor and neglect that beggar description. Many of these are in rural areas, off the main travelled roads in the woods or on the lonely plains.

With the new powers given to the Social Security Board and the United States Children's Bureau, some of these children are being sought out, to bring them comfort and hope for the future. The care of these children, however, when they have been discovered, remains a responsibility of the local communities. This load is not taken off the minds and hearts of generous citizens. The agencies and institutions for helping children when their own homes fail them are still the main recourse, and they must depend on the generosity of their friends—and particularly now that we are no longer so completely engrossed in the need of relief and can once more give our attention to the needs of individual children.

The United States has been in an anomalous position among the nations with reference to the care of its dependent, neglected or homeless children. While other nations are able to state with reasonable

assurance their methods of care for needy children, we have always had to say that we have no American plan, and we find that our forty-eight states are in different stages of development with regard to child care.

It has been little short of calamity for children to have been born in states that during all these years have assumed no governmental responsibility for unfortunate children living within their borders. Many have been well cared for in such states by private, church or non-sectarian institutions and agencies, but the limitations of budgets, which have been particularly felt during the depression years, have made it impossible for institutions and agencies to meet all needs.

By means of the child welfare sections of the Social Security Act of August 14, 1935, the first steps have been taken to bring about widespread protection and some general uniformity into the program of care. It cannot be assumed that the forty-eight different plans with their great divergencies were all equally good. The Children's Bureau of the U. S. Department of Labor, since 1912, has rendered invaluable service in the field of child care to all the states, but its scope until recently has been in large measure limited to survey, investigation and standardization through an educational process. Through the administrative supervision by the Social Security Board and by the United States Children's Bureau, provided in the Act, there is reason to hope that some general principles may grow out of this diversity and may be made to apply to the choice of staff, the methods of administration and the forms of aid given.

Unless private agencies are kept strong and have coordinated their plans into a well-thought-out program, many dependent and neglected children will be without the help that the Social Security Act puts within their reach.

—C. C. CARSTENS

Adoption Criteria

THE League's committee on standards has recommended that the subject of adoptions be considered a major interest of the League, and the early appointment of a committee representative of various interests and different sections of the country—to suggest, if possible, some basis on which standard children's agencies and the so-called adoption agencies could agree with regard to a minimum of safeguards in adoption.

League Council and Honor Roll

At the recent meeting of the board of directors of the League, it was decided to organize a Council consisting mostly of lay persons interested in further development of child welfare work in the nation.

In addition, it was voted to establish a Roll of Honor of persons who have performed some unusually significant and outstanding service to children either locally or nationally. The choice of such persons will be made once a year, for announcement at the League's annual meeting.

Protection of Child Health in Pennsylvania

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for their neighbors. The chairman of the county committee is always a physician, elected by the county medical society. The vice-chairman is a woman volunteer who knows her county.

Lists of children in families on relief are provided by the local emergency relief administration. Social workers or volunteers obtain the name of the family physician in every family. Wherever possible he makes the health examination of his own patients, using an examination form furnished by the State committee for the purpose. Thus the examinations are uniform, and the family-physician relationship is maintained. Volunteer motor service brings the children to the place and at the time selected by the physician. Trained volunteer aides assist in taking histories, weighing and measuring children, and writing the dictated findings of the examining physician.

If the discovered defects are such that they can be corrected by the examining physician, he continues treatment. He vaccinates and immunizes against diphtheria. The materials are furnished for this purpose by the State Department of Health. If milk, cod-liver oil, or extra feeding is necessary, a note goes from the physician to the local emergency relief office, and the additional request is granted to the family. If the family is not on public relief, local groups attempt to provide milk and cod-liver oil. Where dental need, orthopedic defects, need for glasses, operative difficulties, malnutrition, are found, individuals or agencies in the county equipped for these services, and already tied up to the committees, begin to take over their share of the work.

Originally all this necessary coordination was done by lay volunteers, but ever since C.W.A. first came into the alphabet, secretaries have been furnished from the relief rolls for much of this daily routine

and for the mass of clerical work necessary. This secretarial project, by the way, was the first white-collar job for women established in Pennsylvania under C.W.A. It has lived through L.W.D., and now under W.P.A. it still exists. Later a second project was added by which nurses could be used, much in the same capacity as school nurses.

As a by-product of this child health program, I like to think of the 180 young women who have served for greater or lesser periods, coming from the relief rolls to independence, and giving a service of inestimable value to the children of Pennsylvania. They should make good citizens and fine mothers, this group of health-minded aides.

Now, as to what has been accomplished by the emergency child health program—thousands of children have been given a complete health examination.

- a. 326,678 defects have been disclosed.
- b. Over 36 per cent of the children were found not to have been vaccinated. Of these, 77 per cent were under six years of age.
- c. More than 64 per cent had not been immunized against diphtheria. 78 per cent of these were under six years of age, the period when the disease is most prevalent and most fatal.
- d. 27 per cent of the children were malnourished. Of these, 26 per cent were under six years of age. This, remember, was not a height-weight-age-study, but represents clinical findings of actual malnutrition.
- e. 43 per cent had dental caries.
- f. 36 per cent had diseased tonsils.
- g. 6,900 children were found to have deficiency diseases.
- h. 10,800 had behavior disorders.
- i. 2,750 had lung affections.
- j. 2,700 had cardiac defects.
- k. 8,000 had eye defects.

And so on. Apparently there was need for these health examinations! Up to the present time, 38.5 per cent of these defects have been corrected, and the work is going forward continuously. Pennsylvania has become child health minded. Nine counties have put on general immunization programs including all children. The State Federation of Women's Clubs has a new slogan, "A health examination for every child—for yours and for mine." The rural areas are cooperating with the State departments of health and education to bring under immediate care children in rural schools who have visual defects. The State dental society has joined forces with the State medical to take care of children's teeth.

The parent-teacher associations, with the permission of their national organization, have cooperated completely with the Emergency Child Health Committee, using the same examination blank for the summer round-up of pre-school children. They realize that physicians are doing so much as volunteers for children whose families cannot pay that they have pledged themselves to ask every family which can possibly afford it to pay the family physician for this pre-school examination. Every effort is being made to have all defects brought under care, and as nearly as possible corrected *before* these children enter school. The story of wasted years of schooling, repeated grades, the cost to the taxpayer, as shown by the departments of education, for those children who have gone year after year to the schools as repeaters, worn out and unsuccessful because of malnutrition or physical handicaps, have moved the parent-teacher associations to use every bit of their strength to make these children fit for school before they enter the first grade.

We ought to have a school entrance health examination, and a law imposing the correction of defects of children before they are allowed to enter school. It would save the country millions in school money, and create happier, more useful lives for the majority of our population.

Malnutrition, of course, is not one of the conditions that can be dealt with so summarily. Proper feeding, as well as sufficient food, is a question of the education of parents, and cannot be immediately accomplished by dictum. The story of the Emergency Child Health Committee and its fight against malnutrition is worthy a separate place for itself on a program.

The physicians are led to believe that the average family strains every effort for milk for the infant and the very young children, and that, therefore, the inroads of malnutrition do not show usually until a little later, when there has been an extended period of underfeeding or improper feeding. The important thing here seemed to be the instruction of mothers. Every nutritionist, home economist, and dietitian in the counties was called on to aid in this teaching.

It was soon found that the group-teaching plan was not effective. Mothers, especially those in rural communities and those on public relief, could not attend group classes, or hesitated to do so. The small group of three or four, preferably in the home of a neighbor, where the kitchen set-up was familiar to the mother, or visits to the individual home, were found to be the most practical means of teaching.

Simple literature—showing costs, proper varieties, and amounts of available foods, and practical menus with recipes—was provided. The material was arranged by the State nutrition committee of the Emergency Child Health Committee and printed by the State emergency relief board.

So far, 48,380 mothers have been given nutrition instruction through the county committees, and always the nutrition work has been done with the cooperation and guidance of the medical profession. The two must go hand in hand, and *with* the health examinations, in order to determine whether or not there is a medical condition serving as an obstacle to building up the undernourished child. Any one of you can recall a case of a child in any average family whose mother says, "I can't seem to get any flesh on that child's bones, no matter how much milk he drinks." That child needs the doctor for a careful health examination. Nutrition teaching is a fine thing, but unless it follows careful medical examination, and until the physical defects thus discovered are corrected, no nutrition program will get very far. The nutritionist should have about the same relation to the physician as have the nurse and the social worker.

THE Pennsylvania program has taught the non-medical group in our State that the medical profession must take the lead in the health protection of childhood, and that the other professions must fall into line following instructions and helping to build a strong, happy childhood on a background of assured health.

During the first years of the depression, although it seemed obvious to many that a large proportion of our people could not exist with a prolonged shortage of food, fuel and clothing, and with the strain of insecurity, without soon showing signs of general health deterioration, yet we were told on all sides that the country was in fine physical health, that the death rate was the lowest in its history, that simple living was having a good effect on a race becoming soft with too much material well-being.

These optimists forgot the countless ones who, even before the depression, never shared the material wealth of our country. They forgot there are two million daily sick in America—and the always full thousands of hospital beds for the physically and mentally ill. What are they saying today, after six years of the depression, I wonder, when the figures of the U. S. Department of Health show that 10.9 of every 1,000 of our population died last year—an increase of 3.8 over the previous year.

For us here, those additional deaths are the least important part of the picture. Their significance is the important thing. Do they mean that we are slipping, after thirty years of gain, in our fight against disease and death? Or, worse, do they indicate more physical disabilities for those who live? That is a possibility we dare not risk.

For all who are interested in the welfare of young children for the sake of their future well-being no effort must seem too great for their early health protection. The means are within our hands. Pennsylvania believes that the intelligent coordination of existing services, under medical guidance, can offer this vitally important protection.

Helping Students to Understand Institutions

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the extent to which she had been able to deal effectively with the problems of her own emotional development.

The children themselves gained some freshness of approach, and found it more fun to have young people as their leaders whose legs could run as fast as theirs and who gave no sign of physical fatigue, than to be led and supervised by the older members of the regular staff. The children appeared to profit in still another way. Institution living is prone to put a premium upon maintaining one's individuality because so many of the child's contacts are of a group nature. In some of the summer groups, as a result of the training program, there was considerable development among individuals within the group (as well as a whole) in becoming less individualistic in their feeling, and more truly socialized, learning to temper their individual wishes to conform to those of the group.

Perhaps the most penetrating evaluation of all, however, can be found in the words of one of the students, who writes:

"In retrospect the field work experience afforded me this past summer at St. Christopher's School was a vivid laboratory introduction to the manifold problems of mental hygiene, institution organization, and the social problems involved in arranging the lives of individual boys and girls in institutions. What previously had been theory and the limited observation possible through sheltered field work experience was magnified and made realistic.

"It was possible to see here the correlation between case work analysis and individual behavior, which is

obviously impossible in a case work agency where a client is seen at the most once or twice a week. In intimate association at meals and at play it was possible to observe detailed symptomatic behavior of mental hygiene significance, while the discussion of objective case work material combined with our face to face relationship with the youngsters focused our thinking on many ticklish problems to be faced in the child welfare field. . . .

"The classes under members of the school staff were especially valuable in that they linked theory directly to the reality set-up at St. Christopher's School. The viewpoints expressed by the students from the other schools were enriching and the *moral approach* to some problems was thought-provoking.

"Living in an institution introduced me to the complex community life existing in any institution where temperament and personalities are so important. The question of personnel selection, the importance of smooth running administrative machinery, and the necessity of constant cooperation and interpretation to the board were emphasized. . . .

"To sum up, I should say that the 24-hours-a-day living, working and playing at St. Christopher's gave me an understanding of the important rôle the institution plays in child welfare and an appreciation of the sincere progressive work being done at St. Christopher's School."

We plan to continue the training program for ten students during the summer of 1937. Experience gained from the past experiments will be used in formulating next summer's work. Undoubtedly, modifications will be made and innovations introduced. By and large, however, St. Christopher's believes the program is both basically sound and valuable, and it bids fair to become an integral part of the school's total contribution to child welfare.

Crippled Children

THE International Society for Crippled Children, Elyria, Ohio, will hold its sixteenth annual convention May 9-13, 1937, in Milwaukee.

The Society maintains a bureau of information, with its material accessible through the package library system. The bureau is prepared in this way to assist study groups and individuals who may seek information on any phase of the subject of crippled children. It will also be glad to answer questions or suggest sources for information. A periodical, *The Crippled Child*, is issued bi-monthly—subscription rate, \$1.00 a year; 25 cents a copy.

League and Federation Continue Affiliation

IN 1937 the Child Welfare League of America and the National Federation of Day Nurseries are to continue the relationship established a year ago, when the headquarters of the two organizations were united, and representation established on the respective boards of directors.

The inter-play of the services of the two organizations is increasingly apparent—in field visits, office consultations, surveys, and at conferences and institutes.

Young Children in European Countries

(The following is reprinted from *YOUNG CHILDREN IN EUROPEAN COUNTRIES*, by Mary Dabney Davis, Senior Specialist in Nursery-Kindergarten-Primary Education, Office of Education, U. S. Department of the Interior, from chapter, "Conclusion," page 79. Bulletin, 1936, No. 2, paper bound, 108 pages. For sale by the Superintendent of Documents, Washington, D. C., price 15 cents.)

THIS report is a reply to the question, "What are other countries doing for young children under present economic and social conditions?" The several sections of the report describe the health, welfare, and educational care for young children and their families and indicate the values other countries are placing upon young children as the means of developing a larger population, a healthy and an educated population, and, in most instances, one well adjusted to the present types of government controls. Certain specific provisions in the several countries reported are emphasized. Among these are the following:

Continuity in health and educational services from infancy on through adult life.

The beginning of an educational program under public auspices at the age of 3 and carrying the educational program for children from 3 to 7 or 8 as a unit.

Means of financial support from Federal, municipal, and private sources for the health and education programs for young children.

Specific standards set up for the housing of nurseries and kindergartens.

The adjustment of professional preparation for teachers to include child health, family welfare, political economy, and legislation and to prepare teachers for community leadership.

The use of "youth" as teaching "helpers."

Nutritional programs, protective and corrective health programs.

Housing schemes for needy families that affect the welfare of young children.

The completion of the cycle of national care and education through the programs for youth and adults which in some instances call for their cooperation in the support of nurseries and schools for young children.

A logical second question would be "In what respects are the programs in other countries suggestive to the United States?" But there is no blanket answer to this second question because each of our 48 States is a self-determining unit. Each controls its own program. Each State has its own individuality with respect to people, industries, climate, and traditions which influence its programs. Consequently, in order to apply ideas found successful elsewhere it is necessary to know the needs of young children in a State or community and to know whether changes or expansions are needed in the present services offered to care for and to educate the young children.

NOTE: This concluding chapter continues with a section, "Why the United States needs to appraise its programs for young children," and one, "Major questions for a community's survey of children's needs and facilities to meet the needs."

New League Members

KENTUCKY—Lexington: Fayette County Children's Bureau, Duncan Park. Miss Margaret M. Devine, Executive Secretary.

MARYLAND—Baltimore: Child Welfare Division, Board of State Aid and Charities, 937 Calvert Building. Miss Anita J. Faatz, Director. Mrs. Isabelle K. Carter, Social Work Consultant.

MINNESOTA—St. Paul: Children's Department, Bureau of Catholic Charities, 205 Wilder Charity Building. The Rev. Richard W. Doherty, Director. Miss Florence Osborne, Supervisor of Case Work.

MISSOURI—St. Louis: Sommers Children's Bureau, 3636 Page Boulevard. Miss Viola Oschrein, Director.

NEW YORK—Rochester: Hillside Home for Children, 1183 Monroe Avenue. Dougal E. Young, Superintendent. Miss Elizabeth E. Hammett, Director, Social Service Department.

WASHINGTON—Olympia: Child Welfare Division, State Department of Public Welfare. Mrs. Helen C. Swift, Supervisor.

WASHINGTON—Seattle: Ryther Child Center, 4416 Stone Way. Miss Lillian J. Johnson, Executive Secretary.

Enclosures

(Sent to League Member Agencies Only)

WHY WE ARE MEMBERS and PURPOSE AND PROGRAM, two printed folders giving brief information about National Federation of Day Nurseries, 130 East 22nd Street, New York, N. Y. Affiliated with Child Welfare League of America.

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